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FAX TRANSMISSION**DATE:** January 2, 2007**PTO IDENTIFIER:** Application Number 10/044,296-Conf. #6836

Patent Number

Inventor: Chris D. Constantinides**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** EDWARDS ANGELL PALMER & DODGE LLP

Lisa Swiszez Hazzard

PHONE: (617) 439-4444**Attorney Dkt. #:** 56873(71699)**PAGES (Including Cover Sheet):** 15**CONTENTS:** Amendment Transmittal (1 page);
After-Final Response under 37 CFR 1.116 (12 pages);
Certificate of Transmission (1 page).

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PTO/SB/07 (09-04)

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Application No. (if known): 10/044,296

Attorney Docket No.: 56873 (71699)

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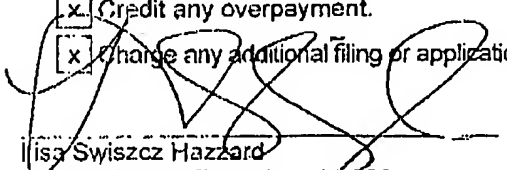
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Amendment Transmittal (1 page);
After-Final Response under 37 CFR 1.116 (12 pages).

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AMENDMENT TRANSMITTAL LETTER				Docket No. 56873 (71699)	
Application No. 10/044,296-Conf. #6836		Filing Date January 10, 2002		Examiner E. M. Chao	
				Art Unit 3737	
Applicant(s): Chris D. Constantinides					
Invention: MAGNETIC RESONANCE IMAGING METHODS AND COMPOSITIONS					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	27	- 35 =	0	x 50.00	0.00
Independent Claims	2	- 3 =	0	x 200.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____ A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1105</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Lisa Swiszc Hazzard Attorney/Agent Reg. No.: 44,368				Dated: <u>January 2, 2007</u>	
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Docket No. (71699)56873

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: C. Constantinides

Serial No. 10/ 044,296

Art Unit: 3737

Filed: January 10, 2002

Examiner: J. M. Sullivan

For: MAGNETIC RESONANCE IMAGING METHODS AND
COMPOSITIONS

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Reply Under 37 C.F.R. § 1.116
Expedited Procedure
Technology Center 3700

Dear Sir:

AFTER-FINAL RESPONSE UNDER 37 C.F.R. § 1.116

This is in response to the final action mailed from the Office on November 2, 2006. Applicant submits that this response puts the application in condition for allowance, and applicant thus requests entry of this response. Please amend the above-identified application as follows.

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 6 of this paper.